U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
S Rec'd READ THE INSTRUCTIONS CARE	FULLY BEFORE PREPARING THIS REPORT.	
(E NIG17 2005)	The rest of the re	
Q.MS ORD		
1. File Number U - 4/37)	2. Fiscal Year Covered From:	
	1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Raymond W. Vosel Ja	Name Greater PA Regional Council of Capparters	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 202 Delano Drive	Street 495 Mansfield Ave,	
City Pitts burgh	City P+H3 bugh	
State	2 State PA ZIP Code +4 15 205 - 4376	
5. Position in labor organization.	Funds Trustee	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
(except as specified in the exc	clusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loops) with a	cousions set forth in the instructions):	
fexcept as specified in the exi	cousions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, c monetary value from an employer whose employees your organiza	or derived income or other economic benefit of tion represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of tion represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name	r derived income or other economic benefit of fition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	or derived income or other economic benefit of tion represents or is actively seeking to represent.	
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A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	r derived income or other economic benefit of fition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizations. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4 Sign	r derived income or other economic benefit of fition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 Sign 15. Signature and verification. The understand declares under people of	riderived income or other economic benefit of fition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	riderived income or other economic benefit of fition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.	

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Name of Person Filing Czymond W. Vos.	e / Je File Number U	-
B. Held an interest in or derived income or economic benefit with monetan substantial part of which consists of buying from, selling or leasing to, or o of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly o dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or	
8. Name and address of Business (including trade name, if any). Name Victory Csp; ts/ Mangement Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 50 Fountain Plaza City Buffalo State XY ZIP Code +4 14202	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Grester A Corporters Madien Fun Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 Mans fraid Ave. City Pitts burgh State P A ZIP Code + 4 15205	Travestments 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received the such dealing. Golf game.	ved.
	12.b. Amount.	\$150,00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) r or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Zity ZiP Code + 4	14.a. Nature of payment.	
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing (24 mond W, Vog	e/ JR File Nui	mber U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to an athennical	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Tucker Arens harg		
Trade Name, if any:	a. Labor Organization	* · · · · · · · · · · · · · · · · · · ·
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1500 One PPG Place	c. Employer	
city Pitts Lungle		·
State 10 4 ZIP Code + 4 15055		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Greater PA Corporters Pension Fund	Attorners	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 495 Mansfield Ave 3		Control of the Contro
City PETTS by CL	11.b. Approximate dollar value of such of 12.a. Nature of interest held or incom	<u> </u>
State PA ZIP Code + 4 15-205	Golf game,	
	12.b. Amount.	\$175.00
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	1 N/A	
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Cymond W. Vage	JR.	ile Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Mobile Medical Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2413 Lytle Road City Bethel Park State Physical ZIP Code + 4 [157/0.2]	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Greater PA Carpentons Medical Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 Marshald Ave	Drug test		
	11.b. Approximate dollar value of	such dealing.	
City KATTS borg to	12.a. Nature of interest held or	ncome received.	
State ZIP Code + 4 157305	Golf go	ne	
	12.b. Amount.	\$ 160,00	
C. Received from any employer (other than an employer covered unde	r narts A and B above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment		
Name			
Trade Name, if any:	1/1		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing 1/2 wand W. Noga	el Jr	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	value from a business (1) a nerwise dealing with the busines actively seeking to represent, or indirectly to an otherwise	s
8. Name and address of Business (including trade name, if any). Name Highmark Blue Cross Blue Shield Trade Name, if any: P.O. Box, Bldg., Room No., if any Fifth Avenue Visco Street 150 Fifth Ave. City Witts burg. State ZIP Code + 4 15252-366	a. Labor Organiza	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	DG.
Name Greater PA Carpenters Med. of Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 Mars Freld Ave.	Medical	Fusurnie Provider
City Patts burg L	11.b. Approximate dollar value	
State ZIP Code + 4 15 500	12.a. Nature of interest held Golf 5-	
	12.b. Amount.	\$287,96
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	NA	
City City City City City City City City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Kaymond W. Voge	JR.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the busines actively seeking to represent, or sindirectly to, or otherwise	55	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Vanni Partners			
Trade Name, if any:	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any Surte 3000	b. Trust		
Street 310 Grant Street	c. Employer		
city Pittsburgh			•
State ZIP Code + 4 15.5/9-530	b		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name Greater PA Corporters Pension - Madica	1 Investin	ents.	
Trade Name, if any:	4		
P.O. Box, Bldg., Room No., if any			
Street 495 Minsfield Ave			
City PATAL	11.b. Approximate dollar value		
State ZIP Code + 4 15 205	12.a. Nature of interest held Golf	or income received	
	Golf Lunch Ornner		
	Dinaer		
	12.b. Amount.	Est.	1225.00
C. Received from any employer (other than an employer covered unde	er parts A and B above)		
or from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.		
(including trade name, if any).	A CONTROL OF PRIMER LAND		
Name			
Trade Name, if any:	II NA		
P.O. Box, Bldg., Room No., if any			
Street			
City Control of the C			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
			1

Name of Person Filing Rzymanil W. Vogel	Ja	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PNC Advisores Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City Pitts bussh State PNC Advisores Ave, ZIP Code + 4 (15725)	9. Business deals with: a. Labor Organizal b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	IQ.	
Name Greater P4 Corporters Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 Meastfield Ave; City Potts borg L State PA ZIP Code + 4 15005	Investme 11.b. Approximate dollar value 12.a. Nature of interest held Lonch=34: Golf=297. Dinner=86. Total 418	of such dealing. (5.9, 000, 000, 00) or income received. 50 3.4 5.59	
	12.b. Amount.	\$418018	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	MA		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		